



COLLETTE
VACATIONS

**5025 Orbitor Drive
Building #4 Suite#400
Mississauga, ON L4W 4Y5
Phone: 1-877-806-9128 Fax: 888-882-5820**

If paying by credit card, please complete this form and return to Ministry To Tourism. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 361273 TOUR: Alpine Explorer with the Glacier Express &
Oberammergau Passion Play
DEPARTURE DATE: June 8, 2010 GROUP NAME: Ministry To Tourism

Name of Passenger:
Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on Passport) (Jr., Sr.)

Cardholder Name: _____

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: ___American Express ___MasterCard ___Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette Vacations cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation!

If using your credit card for payment, please return this Authorization Form by mail to:

Attn: Rev. Ralph Kleiter
314-619 Sask Cr West
Saskatoon, SK S7M 0A5

Or by Fax to: (306) 374-1208